SPRINKLER SYSTEM CERTIFICATION

TO:	City of Asheville, Engineer	ring Department Date:	
FRO	M:		
RE:	Name of Development/Project: COA Project No:		
I, the	undersigned, hereby certify:		
1.	We are a Licensed Sprinkler System Contractor/Designer/installer in the State of North Carolina.		
2.	That the proposed project (circle one) ISIS NOT master metered; i.e. combination fire/service meter.		
3.	That the proposed sprinkler system to be installed for the above referenced development/Project will:		
	than 5 stories—DOUB <u>USE</u> chemical additive	f chemical additives and/or a booster pump and will serve a building less BLE CHECK ASSEMBLY ALLOWED. es and/or a booster fire system pump or serve a building 5 or more stories—RE ASSEMBLY REQUIRED.	
4.	That based upon No. 2 and No. 3 above and in accordance with current City of Asheville specifications and policies, we proposed to install the following backflow prevention device:		
	DEDICATED FIRE LIN Double Check Valve Det Reduced Pressure Detect	tector Assembly Double Check Valve Assembly	
	Size Brand Na	ame:	
	Model No.:		
5.	That the installation of the backflow device will be in accordance with current requirements, specifications and policies of the City of Asheville and as per attached copy of the sprinkler/fire protection plans.		
6.	That activation and/or testing of the new sprinkler system will not take place until all requirements for final acceptance of this project have been meet or as otherwise approved by City of Asheville Engineering, Fire and Water Resources Department staff.		
7.		ting to the City of Asheville, if applicable, any changes/revisions that may er system and/or its components, if these changes/revisions occur after the	
	NAME	TITLE	
CORPORATION/COMPANY		LICENSE No.: (if applicable)	
COR	PORATION CERTIFICATION:	**************	
STA	TE OF		
COU	NTY OF		
I	,	a Notary Public for said County and State do hereby certify that,	
day and acknowledged that he is (title)			
V	Vitness my hand and notarial seal this _	day of, 20	
		My Commission Expires:	
Nota	ry Public	**********	
INDI	VIDUAL CERTIFICATION:		
	TE OF NTY OF		
I	,	, a Notary Public for said County and State do hereby certify that,	
ackno	owledged the due execution of the forego		
1	Vitness my hand and notarial seal this _	day of, 20	
		My Commission Expires:	

Notary Public